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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/796,522-Conf. #2632
	Filing Date	March 9, 2004
	First Named Inventor	Joseph F. Poduslo
	Art Unit	1616
	Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	Attorney Docket Number	01017/30016A

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Revocation Power of Attorney and New Power of Attorney <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Associate Power of Attorney and Change of Correspondence Address
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MARSHALL, GERSTEIN & BORUN LLP		
Signature	<i>Jeanne M. Brashear</i>		
Printed name	Jeanne M. Brashear		
Date	July 13, 2005	Reg. No.	56,301

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: July 13, 2005

Signature: *Jeanne M. Brashear* (Jeanne M. Brashear)



Docket No.: 01017/30016A
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Poduslo et al.

Serial No.: 10/796,522

Group Art Unit: 1616

Filing Date: March 9, 2004

Examiner: To be assigned

For: Treatment for Central Nervous System Disorders

**REVOCATION OF POWER OF ATTORNEY
AND NEW POWER OF ATTORNEY**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

We are authorized signatories and representatives of the Assignees of the above-referenced application. We hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application, and hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected herewith:

All practitioners at Customer Number 21069.

STATEMENT UNDER 37 C.F.R. § 3.73

In accordance with 37 C.F.R. § 3.73, the undersigned representative of the Assignee, Mayo Foundation for Medical Education and Research (hereinafter "Mayo") has reviewed the Assignment recorded at Reel/Frame 012790/0537 on April 2, 2002 in U.S. Serial No. 09/942,253, which is the parent of the present application. This assignment constitutes the last assignment in the chain of title of the above-referenced application. The undersigned hereby certifies that to the best of his or her knowledge and belief, title remains in the names of Mayo as Assignee of the entire interest in the above-identified patent application.

Serial No.: 10/796,522

Docket No.: 01017/30016A

The undersigned further state that they are authorized to make and sign the foregoing certification on behalf of the Assignee, and to take the action set forth herein on behalf of the Assignee, pursuant to the authority possessed by individual in his or her position at Mayo which is identified below.

For: **Mayo Foundation for Medical Education and Research**

Rick F. Colvin

Dated:

3/29/05

Name: Rick F. Colvin

Title:



Docket No.: 01017/30016A
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Poduslo et al.

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**ASSOCIATE POWER OF ATTORNEY
AND CHANGE OF CORRESPONDENCE ADDRESS**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This paper is submitted to appoint associate attorneys/agents and to indicate a change of correspondence address.

A. Appointment of Associate Power of Attorney

The undersigned attorney or agent of record in the above-identified application hereby appoints the registered practitioners associated with **Customer No. 04743** all of Marshall, Gerstein & Borun LLP, as associate attorneys/agents to prosecute this application, to make alterations or amendments therein, and to transact any and all business in the Patent and Trademark Office connected therewith.

B. Indication of Change of Correspondence Address

Hereafter, please address all communications to:

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Dated: June 23, 2005

Respectfully submitted,

By Petrina Hsi
Petrina Hsi
Registration No. 38,496